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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

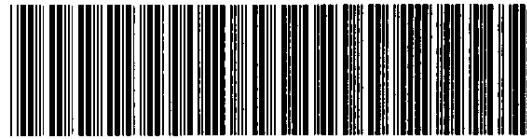
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/10--01007--018 **78.75

FILED
2010 JUN 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

↓ Stephens JUN 28 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ACTIVE LEADS TECHNOLOGY INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

VINCENT ALLARD, PRESIDENT	
Name of Person	
CORPOMAX INC.	
Firm/Company	
PO BOX 9266	
Address	
NEWARK, DE 19714-9266	
City/State and Zip code	
INFO@CORPOMAX.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

VINCENT ALLARD	at (302) 266-8200
Name of Person	Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ACTIVE LEADS TECHNOLOGY INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 27-1766494

(FEI number, if applicable)

4. JANUARY 19, 2010

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 220 E. DELAWARE AVE., # 1375, NEWARK, DE, 19711

(Principal office address)

220 E. DELAWARE AVE., # 1375, NEWARK, DE, 19711

(Current mailing address)

8. INTERNET MARKETING SOFTWARE AND SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC.

Office Address: 2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTON, Florida 33331

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

by: Lindsey Klemencic

(Registered agent's signature)

Lindsey Klemencic, Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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OFFICE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: NATHALIE BRENNER

Address: 220 E. DELAWARE AVE., # 1375

NEWARK, DE, 19711

Vice Chairman: _____

Address: _____

Director: PHILIPPE SAUVAN-MAGNET

Address: 220 E. DELAWARE AVE., # 1375

NEWARK, DE, 19711

Director: _____

Address: _____

B. OFFICERS

President: NATHALIE BRENNER

Address: 220 E. DELAWARE AVE., # 1375

NEWARK, DE, 19711

Vice President: _____

Address: _____

Secretary: PHILIPPE SAUVAN-MAGNET

Address: 220 E. DELAWARE AVE., # 1375, NEWARK, DE, 19711

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

PHILIPPE SAUVAN-MAGNET, SECRETARY

(Typed or printed name and capacity of person signing application)

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SECRETARY
TALLAHASSEE
FILED

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACTIVE LEADS TECHNOLOGY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2010.


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2010 JUN 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8058856

DATE: 06-16-10